STATEMENT OF

RECEIVE]

MIR APP 22 AM

FORM 1		ORGANIZATION		FEC MANUSCONTER	
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M	5
Blum for C	ongre	\$\$	<u> </u>		
	1.1.1.			1 1 1 1 1	
ADDRESS (number and street)		2728 Asbury	Road	1111	
(Check if address is changed)		Suite 400	111111111		
		Dubuque		IA	52001
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	AL ADDRES	SS (Please provide only one	e-mail address)		
(Check if	address	admin@rodb	lum,com		
is changed)					
COMMITTEE'S WEE	PAGE ADI	DRESS (URL)			
(Check if	address ed)			.1 1. 111	
is change					
2. DATE Ö4	l" 16	° ′ 2013			
3. FEC IDENTIFIC	CATION N	JMBER C to	o be assigned		
4. IS THIS STATE	MENT 🔀	NEW (N) OR	AMENDED (A)		
I certify that I have	examined th	is Statement and to the be	st of my knowledge and belief	it is true, corre	ct and complete.
Type or Print Name	of Treasure	, Edward Gra	ham		
Signature of Treasur	er <u>C</u>	Sink Jo		Date Ö	4" ′ 16° ′ 20′13 ′
NOTE: Submission of	-	•	n may subject the person signing	=	to the penalties of 2 U.S.C. §437g. S.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)